

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**SECRETARY OF
PUBLIC RECORD

14 APR 15 PM 4:27

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Alison for Kentucky

ADDRESS (number and street) 340 Democrat Drive
Check if different than previously reported. (ACC) Frankfort KY 40601
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00547083

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT

KY

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)

July 15
Quarterly Report (Q2)
and/or Semi-annual Report

October 15
Quarterly Report (Q3)

January 31
Year-End Report (YE)
and/or Semi-annual Report

July 31 Mid-Year
Report (Non-election
Year - PAC/Party) (MY)
and/or Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period
Special (12S) Convention (12C)
Election on M M D D Y Y Y Y in the State of See Line 6(b)

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period
Election on M M D D Y Y Y Y in the State of See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers M M D D Y Y Y Y through M M D D Y Y Y Y and/or January 1 - June 30
01 01 2014 03 31 2014
July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

34588.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert C. Stiliz III

Signature of Treasurer

Robert C. Stiliz III

Date

04 14 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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